The Perfect Patient Experience

Craig Deao, MHA
Senior Leader
About me:

- Senior Leader with Studer Group since 2006
  - Leadership, Culture, Accountability, Quality, Safety
  - Co-led Baldrige journey
  - Faculty for ACHE, IHI, US & Canadian health systems

- VHA (Dallas, TX) 2000-2006
  - Quality, Safety, Executive Development

- MHA, University of Minnesota (two-term Board member)

- BA and BS from LSU (Baton Rouge, LA)

- Originally from New Orleans, now Pensacola

- Husband to Julie; Father to Sam (7) and Jack (4)

Disclosure: Maslow’s Hammer
Studer Group: Who We Are

We are dedicated to healthcare and aspire to role model exactly what we teach others. This relentless commitment to authenticity is key to who we are.

Mission
To make healthcare a better place for employees to work, physicians to practice medicine and patients to receive care.

Vision
To be the intellectual resource for healthcare professionals, combining passion with prescriptive actions and tools, to drive outcomes and maximize the human potential within each organization and healthcare as a whole.

Values
Teamwork, Respect, Integrity, Generosity, Learning, Measurable Achievement

Organizational achievements

- 2010 recipient of the Malcolm Baldrige National Quality Award
- 99th percentile employee engagement for 9 straight years
- Fortune Top 25 Best Workplaces for 7 straight years (#5 in 2014)
- Net Promoter Score: 71 - #8 nationally, across all US businesses in 2014 (between Apple and Amazon)
Value vs. Variance
A Look at Value

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Source: Patrick Torcson, MD, Chair SHM Performance Measurement and Reporting Comm. Data from Regence Blue Shield and A. Milstein, MD 2006
Value

- Value = Quality/Price

- Quality
  - S.T.E.E.P. (IOM, 2001)
  - Cannot be determined without “voice of the customer” input (i.e., experience)
It’s not about service. It’s about quality.

- 30% of respondents had poor adherence to their cardio-metabolic medication regimens.

- After adjusting for potential confounders, the prevalence of poor refill adherence increased by 0.9% (95% CI, 0.2%-1.7%) (P = .01) for each 10-point decrease in CAHPS score.

*The Diabetes Study of Northern California. Archives Internal Medicine 12/31/12*
It’s not about satisfaction. It’s about *frequency*. 
Let’s Look at Variance

Sources: modified from Sollek, Premera, Buck, Nussbaum

Patients who reported that staff "Always" explained about medicines before giving it to them (63% Always = 37% defect rate)

Heart attack patients given aspirin at discharge (99% = 1% defect rate)

Airline baggage handling

Hospital acquired infections

NBA Free-throws

U.S. Industry Best of Class

U.S Airline flight fatalities (6.5 σ)

Defects per million

100,000
10,000
1,000
100
10
1

∑ level (% Defects)

1 (69%)
2 (31%)
3 (7%)
4 (.6%)
5 (.002%)
6 (.00003%)

1,000,000
100,000
10,000
1,000
100
10
1
Variation within the Hospital

“Weekend Hospital Patients More Likely to Die”
Johns Hopkins Study:

*Patients injured with head trauma on the weekend are 14% more likely to die than those injured during the workweek. Same “weekend effect” seen in heart attack, stroke and aneurism care.*

Published online in Journal of Surgical Research, August 6, 2012;
www.modernphysician.com/article/20120806/MODERNPHYSICIAN/308069965#ixzz22sa4rPYF

Source: Jamie Orlikoff, President, Orlikoff & Associates, Inc., 4800 S. Chicago Beach Drive, Suite 307N, Chicago Il 60615-2054, 773-268-8009, j.orlikoff@att.net
Variation within the Hospital

“There isn’t a medical reason for worse results on weekends. It’s more likely a difference in how hospitals operate over the weekend as opposed to during the week, meaning that there may be a real opportunity for hospitals to change how they operate and save lives.”

Dr. Eric Schneider

Published online in Journal of Surgical Research, August 6, 2012.
www.modernphysician.com/article/20120806/MODERNPHYSICIAN/308069965#ixzz22sa4rPYF

Source: Jamie Orlikoff, President, Orlikoff & Associates, Inc., 4800 S. Chicago Beach Drive, Suite 307N, Chicago Il 60615-2054, 773-268-8009, j.orlikoff@att.net
“The most meaningful cost reduction strategies will involve standardization of clinical care and elimination of variation in patient procedures. This will be a multi-year, ambitious journey requiring strong physician, management and board leadership"

Source: Jamie Orlikoff, President, Orlikoff & Associates, Inc., 4800 S. Chicago Beach Drive, Suite 307N, Chicago Il 60615-2054, 773-268-8009, j.orlikoff@att.net
Why Organizational Change Fails

1. Dots are not connected consistently to purpose, worthwhile work and making a difference

2. Do not achieve critical mass - Lack of balanced approach

3. Absence of an objective accountability system

4. Leaders do not have the training to be successful

5. Too many new behaviors introduced at once – need of sequenced approach

6. No process in place to re-recruit the high and middle performers and address low performers

7. Inability to take best practices and standardize across organization

8. Failure to have leaders “always” do desired behaviors

Three Elements to Execution

Source: Simplified depiction of Studer Group’s Evidence-Based Leadership\textsuperscript{SM} framework.
M in the Box®

• Enhancement to Bedside Shift Report
• Engage patient, improve safety & HCAHPS
  – explanations of medications
  – understanding of side effects
• Technical Requirements:
  1. Board
  2. Marker
  3. Ability to draw a square and write letter “M”
  4. 30 seconds
Step 1:

- If a new med ordered during the shift, the nurse will explain the medication and possible side effects to the patient.

- Then, puts the letter “M” in the box drawn on the board.

“Mrs. Smith, I’m writing the M in the box to remind both of us that you had a new medication and I have communicated to you the reason for the medication and any possible side effects.”
Step 2:

• Later, during bedside shift report, the off-going nurse points out the “M in the Box”

“Dr. Jones ordered Mrs. Smith a new medication”. “Mrs. Smith, do you remember the name of the new medication? Can you tell me why Dr. Jones ordered it for you? Can you also tell me one of the side effects of the medication?”
Step 3:

• The off-going nurse checks back with the on-coming nurse

“As you heard, Mrs. Smith is aware of her new medication and possible side effects.”
“I will erase the “M in the box”, so that you can fill it in if another new medication is ordered for Mrs. Smith during your shift.”

• The process continues each shift until the patient is released. If no new medication is ordered the box should be empty.
Simple Tactic, Profound Results

- Safety: Engage patient in monitoring for side effects/reactions; Opportunity for “teach-back”
- Patient engagement: verbal and visual, two-way communication with patient about all new medications and any possible side effects
- HCAHPS: Hardwire explanation of medication and side effects
- Decreases patient’s anxiety
- Caregiver efficiency
Post-Visit Phone Calls:

*The Best Four Minutes in Healthcare*
Clinical Outcomes

• **Oncology:**
  Discharge call with a family member revealed patient had fallen at home on numerous occasions and was in pain. Family assumed pain was from cancer diagnosis. Staff advised family to visit the ER. Patient was seen in ER and found to have a broken wrist. Family reassured and instructed in basic pain assessment for oncology patient.

• **Emergency Department:**
  Patient reported she was planning to stop taking her antibiotic because of information she read in an article about antibiotics and flu symptoms. ED nurse intervened by explaining to patient she had a bacterial infection (bronchitis) and needed the antibiotic.  

Readmission Reduction Post-Visit Calls

Patients that received a post visit call 3 days after discharge had a lower re-admission rate.

Source: South Carolina Academic Medical Center
It only works if you do it.

HCAHPS percentile gaps; 2011 HCAHPS Data/ Received Discharge Call: Yes/No; Ranking based on PRC Norm Data
AIDET®
<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
<th>Eye contact, smile and acknowledge everyone in the room.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce</td>
<td>“Hello Mr. Clark. My name is Jackie and I am your nurse today. I have been a nurse for 20 years and have worked in this hospital for over 8 years. I have done this procedure thousands of times and I go back for training each year….”</td>
</tr>
<tr>
<td>D</td>
<td>Duration</td>
<td>“This procedure will take about 10 minutes to perform and then about one hour for the results….”</td>
</tr>
<tr>
<td>E</td>
<td>Explanation</td>
<td>“Let me explain some more about the procedure.” (Explain why performing the procedure, what will happen and what they should expect, understanding of side effects, and answer any questions.”</td>
</tr>
<tr>
<td>T</td>
<td>Thank you</td>
<td>“Thank you for choosing us ….Thank you for waiting … Thank you for coming in today…What other questions do you have?”</td>
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Everyone thinks of changing the world, but no one thinks of changing himself.

Leo Tolstoy
Thank You!

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www.studergroup.com